

NAME OF CHILD: _____

Medical Information and Acknowledgment

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, **sign only those that are applicable.**)

Non-Emergency Medical Treatment

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be contacted at this number:

<i>Signature of Parent/Guardian</i>	<i>Date</i>
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Current Medications

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of the medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

<i>Signature of Parent/Guardian</i>	<i>Date</i>
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Over the Counter Medications

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges) to be given to my child, if deemed appropriate.

<i>Signature of Parent/Guardian</i>	<i>Date</i>
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No Administration of Medications Unless Life Threatening or Emergency

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

<i>Signature of Parent/Guardian</i>	<i>Date</i>
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You should be aware of these special conditions of my child (allergies, special needs, etc.):



